

**New Jersey Office of the Attorney General**  
Division of Consumer Affairs  
Interior Design Examination and Evaluation Committee  
124 Halsey Street, 3rd Floor, P.O. Box 45001  
Newark, New Jersey 07101  
(973) 504-6385

## Application for Continuing Education Course/Seminar/Program Approval

Continuing education seminars, conferences, courses or other programs approved by the Interior Design Continuing Education Council (I.D.C.E.C.), graduate level coursework accredited by the Council for Interior Design Accreditation (C.I.D.A.) and/or courses, programs or seminars offered or approved by the New Jersey Department of Community Affairs that are directly related to the practice of interior design **do not** require submission to the Interior Design Examination and Evaluation Committee for approval. Applications for pre-approval must be submitted 60 days prior to enrollment.

Name of provider: \_\_\_\_\_

Street address: \_\_\_\_\_  
City State ZIP code

Contact person: \_\_\_\_\_ Telephone number: \_\_\_\_\_ (include area code)

Title of course/seminar/program: \_\_\_\_\_

Description of course/seminar/program:

*(A copy of the course/seminar/program outline and/or the syllabus is required.)*

The purpose of continuing education is to build upon the knowledge of interior design services in accordance with the guidelines established by the I.D.C.E.C., and which continuing education updates the competency of the certificate holder. Briefly describe how this course/seminar/program fulfills the requirement:

Category: ☐ Health, safety and welfare issues related to interior design services  
☐ Educational activities directly related to interior design

Method of presentation: ☐ In-person conferences, seminars and training courses ☐ Online ☐ Webinar

Date(s) of course/seminar/program: From \_\_\_\_\_ To \_\_\_\_\_

Location of course/seminar/program: \_\_\_\_\_

Length of course/seminar/program: \_\_\_\_\_  
(A C.E. hour means one 60-minute clock hour of an educational activity with no less than 50 minutes of instructional content within the hour.)

Name of instructor: \_\_\_\_\_ (Attach a copy of the instructor's biography.)

Submit all materials to: Division of Consumer Affairs  
Interior Design Examination and Evaluation Committee  
P.O. Box 45001  
Newark, NJ 07101  
Attn: C.E. Approval

**Please do not write below this line  
FOR OFFICE USE ONLY**

Similar course was approved by the Board. Date approved: \_\_\_\_\_

Title: \_\_\_\_\_

Provider: \_\_\_\_\_ Number of hours: \_\_\_\_\_

☐ Approved ☐ Denied ☐ Hold Approval code \_\_\_\_\_ Hours \_\_\_\_\_

Approved for: ☐ Health, safety and welfare issues related to interior design services  
☐ Educational activities directly related to interior design